

**Massachusetts Department of Mental Health
Modification to FY2009-2011 State Plan
November 12, 2008**

Adult and Child - Financial Resources

The SFY2009-2011 State Plan, submitted on September 1, 2008, reported the estimated SFY09 state appropriation to be \$685.4 million, with 72 percent committed to community-based care. The targets in the Goals, Targets and Action Plans section were set based on this estimated appropriation and assumed level funding for the duration of the 3-year Plan. Since this time, Massachusetts has been significantly impacted by the economic downturn that is affecting the nation. In October 2008, Governor Patrick announced that state revenues for the first quarter of fiscal year 2009 were nearly \$225 million below the benchmark on which the budget was built with a projected total budget deficit for SFY09 of \$1.4 billion. In response, Governor Patrick announced a fiscal action plan which includes \$39.5 million dollars in cuts and reduced spending for the Department of Mental Health (DMH) this fiscal year. These cuts were mitigated by a one-time use of \$24 million in trust funds to continue financing programs during this fiscal year.

In creating the DMH budget reduction plan, Commissioner Leadholm announced the following organizational principles:

1. Maintain core essential services for consumers with the highest levels of acuity
2. Maintain services that provide or support consumer housing
3. Maintain consumer and public safety
4. Achieve reductions in the required timelines
5. Support strategic transformational initiatives

To accomplish the reductions in adult community services, DMH plans to eliminate selected day services and community programs and some programs for children and adolescents. These changes will be made following the organizational principles above and taking into account the need to preserve core residential and rehabilitative services that provide consumers with housing and symptom management. DMH also anticipates reductions in administrative, program management and direct care staff.

In addition, DMH is simultaneously engaged in efforts to redesign and transform the adult and child mental health systems. DMH is currently working with EOHHS and its sister agencies in planning for the implementation of the Children's Behavioral Health Initiative, of which the remedy for the Rosie D EPSDT lawsuit is the first phase. This includes a review of the current service array and service delivery systems in order to create a more seamless and more cost efficient system of high quality behavioral health care. Within the adult system, DMH is redesigning its community-based adult services in order to achieve goals of fostering recovery, rehabilitation and individual choice. In November 2008, DMH will release a Request for Responses for the first phase of this community services transformation.

Once the budget reduction plan is complete and the impact on services is determined, DMH expects to modify some of the targets set in the Goals, Targets, and Action Plans section of the State Plan. In addition, we assume, much like other states, that the financial crisis and the required reduction plan contained in the Governor's fiscal 2009 action plan may impact the Commonwealth's ability to fulfill its obligation for Maintenance of Effort (MOE) spending. It should be noted that the State Mental Health Authority MOE calculation has never included the use of trust fund resources allowed in this fiscal action plan. The State anticipates the need for further conversation regarding its SFY09 MOE spending.

Given the uncertainty of the budget crisis and the ongoing efforts to transform the adult and child mental health systems, DMH is unable to project state appropriations beyond SFY09. DMH is confident that it will be able to provide necessary services to adults, children, adolescents and families with mental illness while continuing to work towards creating a transformed mental health system.

Adult and Child - Grant Expenditures

The block grant represents about 1.9 % of the projected SFY'09 total budget support for community mental health services. These funds are targeted to a range of community mental health programs for adults with serious mental illness and children and adolescents with serious emotional disturbance. Services supported by the block grant are an integral part of the community mental health service delivery system and an important means of developing a comprehensive service system for all individuals in need of publicly funded care.

Given the current budget crisis and subsequent reduction in the DMH budget as well as the redesign efforts in the child and adult mental health system (described in the Financial Resources modification), DMH is unable to project grant expenditures beyond SFY09. DMH will continue to expend block grant funds in a manner that supports a comprehensive and transformed community mental health system.

In addition, DMH offers the following corrections to the State Plan:

Adult – Goals, Targets and Action Plans

Performance Indicator: Increased Access to Services

Target: At least 17,800 DMH adult clients will receive a continuing care community mental health service each fiscal year.

Adult – New Developments and Issues

A significant change affecting the delivery of mental health services in the state is the landmark legislation, known as the Health Insurance Reform Law, signed into law in April 2006. This legislation is intended to cover 95% of the uninsured in three years and preserves federal Medicaid funding. In support of these changes, the Commonwealth submitted to the Centers for Medicare and Medicaid Services (CMS) a request for an amendment to the MassHealth Demonstration Project. Approval of this request enabled the establishment of the Commonwealth Care Health Insurance Program which provides sliding scale subsidies for purchase of private health plan coverage for uninsured persons at or below three times the federal poverty level. Eligibility expansions for children were also requested along with raising enrollment caps on several MassHealth programs. As of January 2008, it is estimated that approximately 340,000 Massachusetts residents have been newly insured under Health Care Reform.

In December 2006, Massachusetts submitted another 1115 Research and Demonstration waiver application to CMS focused on reforming its long term care system. The primary goal is to divert individuals from nursing facilities. The proposal is to serve about 15,000 individuals who fall into one of three groups: the transition group who will be leaving nursing facilities to return to the community; the imminent risk group who are individuals living in the community at nursing facility level of care; and the prevention group who, without intervention, are on a path to nursing facilities based on their medical condition. The waiver asks to create a comprehensive package of services, particularly mental health services, and to enable greater access to Medicaid by raising income and asset eligibility standards.

The Commonwealth has also focused attention on improving access to and enrollment in MassHealth through the Executive Office of Health and Human Services' (EOHHS) Virtual Gateway. The Virtual Gateway (VG) provides a single point of intake, eligibility screening and referral services for applicants for a range of services. As of FY 2006, over 280,000 MassHealth applications have been received through the VG.

In addition, the Commonwealth continues to work with the Massachusetts Behavioral Health Partnership (MBHP) to further integrate primary care clinicians with the behavioral health provider network. MBHP and the MassHealth's contracted managed care organizations (MCOs) have focused efforts on monitoring and improving quality, including improvements in data reporting and the development of new behavioral

health quality improvement activities for each MCO. In late June 2008, MassHealth issued a request for proposals to re-procure the MCO network. There will be some important changes that will increase the number of mental health services, monitoring by MassHealth and DMH and expectations for better coordination of physical and behavioral health within the MCOs,

Lastly, the implementation of the judge's order in the Rosie D lawsuit, as described in the Description of Transformation Activities, is expected to change the landscape for mental health service delivery for children and adolescents in Massachusetts. Although the judge's order applies only to children enrolled in MassHealth, implementation of the remedy is considered the first phase of a broader Children's Behavioral Health Initiative (CBHI) that aims to create a more seamless and cost efficient system of high quality mental health care. In preparation for an array of new Medicaid-reimbursable services, the agencies, individually and collectively, are taking this as an opportunity to review their current services and delivery systems and considering ways in which they can minimize duplication and fragmentation of services

Table C – Description of Transformation Activities

Transitional Age Youth – Adult and Child

Most young adults who have been served through the child/adolescent system aspire to independence. However, a key element of achieving this independence is developing the ability to find appropriate housing and acquire and sustain employment and other skills that will enhance their ability to live in the community. DMH recognizes the New Freedom Commission goals that Mental Health Care is Consumer and Family Driven and that Excellent Mental Health Care is Delivered and Research is Accelerated. With these goals in mind, DMH has expanded on initial pilots and has taken a statewide approach to the development of programming for this age group. Supported housing, supported employment and case management have been redesigned to focus on the needs of the transition age youth population between the ages of 16 and 25. Innovative and creative models across the Areas have highlighted the particular needs of the population for peer mentoring, job searching techniques, resume writing, interviewing skills, housing search techniques, social skills and budgeting. DMH is partnering with adolescents, young adults, parents and researchers in the development of this programming. This partnership has led to the creation of a Statewide Youth Coordinator position, Youth Councils in each of the DMH Areas, and a Statewide Youth Advisory Committee. Massachusetts was just awarded a Campaign for Mental Health Recovery State Implementation Project to develop a video documentary exploring the attitudes and experiences related to mental health recovery in multiple ethnic communities of transition age youth in order to promote equality and social connections. In addition, transition age youth are active with the Recovery Learning Centers and Transformation Center, consumer-operated centers that offer trainings and other opportunities for social connection with peers.

Behavioral Health & Primary Care Coordination - Adult

In 2005, EOHHS and DMH established strategic partnerships with the Mental Health and Substance Abuse Corporations of Massachusetts and the Massachusetts League of Community Health Centers. These trade organizations represent the community mental health centers (CMHC's) and community health centers (CHC's). This partnership has resulted in the development of 6 regionally-based pilot projects. Understanding the New Freedom Commission goals that Mental Health is Essential to Overall Health and Early Mental Health Screening, Assessment, and Referral to Services are Common Practice, these pilot projects developed and tested strategies and systems to strengthen mental health, substance abuse and primary care coordination and improve outcomes of the Commonwealth's most vulnerable citizens. Through executive leadership support of this project, a number of barriers to care coordination at the state, payer and organization levels have been identified and removed. In addition, pilot sites implemented strategies including: cross-training of physicians and clinicians; improved communication, such as electronic health records and secure e-mail systems; increased use of community service providers; and use of screening and assessment services which match the client with the appropriate provider and level of care. State agency leadership and project stakeholders recently met to plan for the sustainability of the pilot projects and further system changes to support coordinated care.

Transcom - Adult

The Transformation Committee, or TransCom, was established in 2004 to guide the work of the Mental Health System Transformation Grant. Funded by the Centers for Medicare and Medicaid Services (CMS), this grant brings together a diverse group of individuals and organizations working to establish a "flexible peer driven infrastructure across the state that will support recovery-oriented services and activities" and to "foster the development, promotion and coordination of innovative recovery-oriented best practices." Lead organizations are DMH, the Transformation Center – a statewide technical assistance center for the consumer/survivor movement, MassHealth and the University of Massachusetts Center for Health Policy and Research (CHPR). Working towards the New Freedom Commission goal that Mental Health Care is Consumer and Family Driven, Transcom accomplishments include:

- Consumer Operated Programs and Activities Directory – This directory was developed as a result of a consumer-run program inventory and gap analysis conducted in the Fall of 2005. The groups surveyed have held regular statewide meetings for networking and information sharing since March of 2006;
- "Developing a Mental Health Peer Specialist Workforce in Massachusetts" (January, 2006) – A position paper and educational tool prepared to advance paid peer support positions in the state;
- "Promoting a Culture of Respect: Transcom's Position Statement on Employee Self-Disclosure in Mental Health Service Workplaces" – A paper promoting a vision of mental health workplaces that are open, safe and effective in offering quality support to the people who use their services;
- "Peers as Valued Workers: A Massachusetts Roadmap for Successfully Integrating Certified Peer Specialists and Peer Support Workers into the Public Mental Health System" – A position paper on planning and advocacy for peer specialist funding and policy development; and

- “Measuring Consumer and Provider Perspectives on the Recovery Orientation of Massachusetts’ Mental Health System” – A report of findings from interviews with select provider agencies regarding practices in non consumer-run organizations.

Transcom celebrated the successful end of its three-year grant with a statewide conference “Working Side by Side for Recovery” in September 2007, attended by 250 people. Transcom members committed themselves to continue to work as a group on system transformation following the end of federal funding.

Transformation Center - Adult

The Transformation Center (TC) was created as a statewide technical assistance center (TAC) by M-POWER (Massachusetts Patients/People Organizing for Wellness, Empowerment and Recovery), the state’s largest and lead consumer/survivor advocacy and peer support organization. The Transformation Center has taken a lead role in the state in promoting the New Freedom Commission goal that Mental Health Care is Consumer and Family Driven. The Transformation Center worked with Larry Fricks and Ike Powell of the Appalachia Consulting Group to adapt and implement the Certified Peer Specialist Training in Massachusetts. The program was modeled after Georgia’s successful program and is an eight-day residential experience. The TC developed a strong in-state training team held 7 trainings in the past 2 years. There are currently over 95 Certified Peer Specialists in Massachusetts. In June 2008, the second annual ceremony honoring Peer Specialists was held at the State House to highlight the success of this program to legislators and other community leaders. It is expected that Certified Peer Specialists will function as agents of change in the transformation of the mental health system.

The Transformation Center held two Wellness Recovery Action Plan (WRAP) facilitator trainings for 27 people. The TC also held ten one-day trainings for facilitators of hospital peer support groups for 75 participants. These trainings allow the facilitators to meet JCAHO criteria. In April 2008, the TC held a two-day training on trauma sensitive care for state consumer/survivor movement leaders. Six additional technical assistance sessions are being offered. In addition, the TC facilitated discussions between consumer leaders and state officials regarding future opportunities for self-directed care and peer specialist financing. The TC convened two human resources summits to offer technical assistance to 75 providers around practical issues regarding the recruitment, hiring, support, and retention of peer specialists and peer workers.

Promoting Healthy Behaviors and Lifestyle - Adult

Recognizing the New Freedom Commission goal that Americans Understand that Mental Health is Essential to Overall Health and Disparities in Mental Health Services are Eliminated, DMH has engaged in a project, the Healthy Changes Initiative. This project is designed to address the modifiable risk factors which result in chronic illness and early death in individuals with psychiatric disabilities. Inactivity and resultant obesity, poor nutrition, and cigarette smoking all contribute to cardiovascular disease, respiratory disease, cancer, and other serious conditions, potentially resulting in increased morbidity and premature death among individuals with serious mental illness. The initiative emphasizes peer leadership, staff modeling, and motivational interventions to promote healthy lifestyle changes by:

- increasing opportunities for physical activity for patients and staff;
- improving nutritional offerings and providing broad-based nutritional education; and
- preventing the development of nicotine addiction in facilities by changing a culture that promotes cigarette smoking, and by treating nicotine addiction.

The Healthy Changes Initiative emphasizes improved health care quality through screening, assessing, and providing evidence-based treatment for nicotine addiction, obesity, and inactivity throughout the system of care. It provides a quality improvement framework to identify the presence of modifiable risk factors and measure the success of interventions. Desired outcomes include:

- a decrease in the percentage of sedentary individuals;
- an increase in the percentage of individuals who engage in physical activity of measurable increments and intensity levels;
- a decrease in the percentage of overweight or obese individuals;
- an increase in the percentage of non-smoking clients;
- an increase in the percentage of smokers who are contemplating or actively planning to quit smoking; and
- an increase in the percentage of smokers who have been given advice to quit.

The DMH Healthy Changes Task Force is comprised of DMH leadership and staff and consumer representatives. It provides leadership, guidance, and coordination of resources and makes recommendations for trainings, which are grounded in evidence based and other best practices. Each DMH Area has been charged with the implementation and oversight of the Healthy Changes Initiative at the Area and facility level. The DMH Task Force, with input from the Areas, will report on the progress of implementation of the Healthy Changes Initiative to the Quality Council on a quarterly basis.

Recovery Learning Communities - Adult

In support of the New Freedom Commission goal that Mental Health Care is Consumer and Family Driven, DMH funds Recovery Learning Community (RLC) in each of the six DMH Areas. The first three were established in May 2007 and the next three began in Spring 2008. The RLCs are run by and for consumers. They are area-based networks of peer support, education, and advocacy. Although RLCs operate out of an office hub, they exist as a resource to support a wide array of activities that take place in a variety of community settings and programs. The RLCs also provide support and training to certified peer specialists and peer workers.

Adult Restraint and Seclusion Reduction Initiative - Adult

As described in State Agency Leadership, Massachusetts was one of eight states to receive a State Incentive Grant (SIG) funded by SAMHSA through the National Association of State Mental Health Program Directors (NASMHPD). This Initiative has been successful in significantly reducing the use of restraint and seclusion in DMH-operated inpatient facilities. In addition to this achievement, the Initiative has promoted a change in culture towards a more sensitive, inclusive and flexible environment which promotes the New Freedom Commission goals that Mental Health Care is Consumer and Family Driven and that Excellent Mental Health Care is Delivered and Research is

Accelerated. A one-day “Culture Change” conference is being planned for September 4, 2008 to create the opportunity for DMH and individual facilities to continue to map out a plan for moving toward a more recovery and resiliency based system through collaborative partnerships.

Child and Adolescent Restraint Prevention Initiative – Child

This effort began in 2001 with a focus on promoting strength-based care and reducing these coercive, high-risk procedures in child and adolescent acute and continuing care inpatient units and intensive residential treatment programs. As described in State Agency Leadership, DMH has used its contracting, licensing, and statutory authority and the collective teaching and practice change efforts organized through the initiative to lead to a significant statewide decline (85%) in seclusion and restraint use. This initiative was used as a template to develop the national curriculum to create violence-free and coercion-free treatment environments through NASMHPD’s Technical Assistance Center (NTAC), and funded by the Center for Mental Health Services at SAMHSA. Several DMH staff were NTAC founding teaching faculty and have worked with NASMHPD to advance this effort nationally and internationally. These results represent significant progress towards the NFC goals that Mental Health Care is Consumer and Family Driven and that Excellent Mental Health Care is Delivered and Research is Accelerated.

Services for Deaf/Hard of Hearing (HOH) Clients – Adult and Child

DMH contracted with the Transformation Center to work with several Deaf/HoH DMH clients to explore ways of adapting the Wellness Recovery Action Plan (WRAP) tool to be more Deaf/HoH friendly or useful. As part of this project, the clients involved and the Transformation Center staff offered a series of workshops around the state to explain WRAP, discuss how it can be used and receive feedback. These workshops were open and advertised to Deaf/HoH persons and their allies. This project is part of DMH efforts to explore where and how recovery exists and can be encouraged in the Deaf/HoH community and supports the New Freedom Commission goals that Mental Health Care is Consumer and Family Driven, Disparities in Mental Health Services are Eliminated, and Excellent Mental Health Care is Delivered and Research is Accelerated.

Eligibility Process – Adult and Child

In 2007, DMH reviewed data on the percentage of individuals who apply for DMH services and are found eligible, the number of days between receipt of an eligibility application and decision, and reasons for denial. This review found that variability existed among the Areas in regards to the percentage found eligible and in the turnaround time between application receipt and decision. Furthermore, a significant percentage of individuals were not determined eligible because their applications were either withdrawn or not fully initiated.

As a result of this data review and in support of the New Freedom Commission goals that Referral to Services is Common Practice and Mental Health Care is Consumer and Family Driven, DMH instituted several eligibility process changes. These changes are designed to streamline paperwork, link consumers and family members with

appropriate services in a more efficient manner, and provide consumers and family members with a user-friendly process that focuses on their desired outcomes and goals. The changes to the process include:

- Simplified Request for Services forms;
- telephone outreach to engage applicants and their families, as appropriate, and assess their needs, and;
- face-to-face meetings with adult applicants and their families to increase engagement and, as appropriate, further assess and collect information necessary to make eligibility determinations. The child and adolescent process already included this component.

DMH will monitor the impact of these changes, with the expectation that the percentage of applications withdrawn or not fully initiated will decrease as a result of an improved process.

Data Systems – Adult and Child

DMH utilizes an electronic medical record known as Mental Health Information System (MHIS), a commercially available software system that was customized to fit DMH's unique clinical and business environments. This is a multi-faceted system that has applications in both hospitals (administrative systems and an electronic medical record) and the community (care management). The ability to capture information about all of the services received by a DMH client has been greatly enhanced, with the caveat that DMH must still develop an effective and consistent way of entering data for clients who do not receive state-operated case management services.

In addition to MHIS, other division-specific data tracking systems exist for Investigations, Contracting, Child and Adolescent Statewide programs, Housing, Employment, and Seclusion and Restraint.

All of DMH's systems incorporate safeguards regarding client confidentiality, with access granted strictly on a need-to-know basis. DMH maintains a "Security and Confidentiality Policy for DMH Computerized Information Systems Containing Client Records or Data" to further ensure that strict standards are in place. In addition, DMH also implemented HIPAA regulations regarding privacy of client information.

With MHIS fully implemented and in recognition of the New Freedom Commission goal that Technology is Used to Access Mental Health Care and Information, DMH is now focusing resources on the development of reports and integrated databases for the purposes of program management, quality improvement and state and federal reporting. Examples of this work include:

- **INFORM Reports System:** The INFORM Reports System is a secure, user-friendly application utilizing DMH and the Department of Public Health Meditech data (MHIS) stored in the DMH Data Warehouse regarding DMH clients. This system now has over 90 reports and a history of service function. It addresses the needs of DMH managers for information related to census, waitlists, and lengths of stay across the continuum of care, as well as information on the demographic, insurance profiles and diagnostic picture of DMH clients.
- **DMH Inpatient Services Indicator Report:** This report was implemented in February 2005. It utilizes a consistent methodology for all state-operated inpatient adult services. In its current iteration, the report presents data on length

of stay, restraint and seclusion use, and overtime expense in a web-based format. It is located on DMH's intranet and can be accessed by DMH managers through their desktop computers. As promised, the report is easy to read as it relies on simple graphics that present monthly performance on a given indicator over a rolling 12-month period.

- **DMH Community Indicator Report:** The second phase in the development of DMH's management indicator reports is focused on both the community system and the interface between the inpatient and community systems. This report is currently being developed. To the extent possible, individual indicators will be consistent with the National Outcome Measures and provide data for the State Mental Health Plan.
- **DMH Admissions Referral Tracking (DART) System:** The (DART) System is a web-based data entry system and reports module. It is designed to capture relevant information about all referrals from acute-care inpatient facilities to DMH continuing care inpatient units in real time, provide standardized reports and eliminate multiple and duplicative requests for information. This system was fully implemented in June 2007.

Homelessness and Housing First - Adult

DMH has collaborated with other state agencies and partners in implementing several "Housing First" pilots for chronically homeless individuals with serious mental illness. The Dudley Inn, an innovative and exemplary Safe Haven-based and Housing First project in Metro Boston, houses people with co-occurring disorders who have been homeless for a very long time. This program is a collaboration between DMH and the Boston University School of Public Health and is the first of its kind that is being researched. In addition, DMH is operating Housing First pilots in Boston, Framingham, and greater Springfield in collaboration with the Department of Transitional Assistance (DTA), the state agency that operates emergency shelters for homeless families and individuals. Under an Interagency Services Agreement, DMH receives \$500,000 in state appropriated funds annually to deliver services and access housing for homeless persons with mental illness and co-occurring disorders as alternatives to traditional shelters.

In collaboration with the Department of Transitional Assistance (DTA), the DMH Western Massachusetts Area Office chairs an interagency workgroup devoted to coalescing expertise and resources for preventing and ending homelessness in that part of the state for a range of populations. Participants include, state agencies, county correctional officials, municipal offices and chief executives, homeless advocates, shelter operators, housing agencies, services providers and others. The group orchestrates such efforts as program coordination, resource allocation, planning, networking and information sharing. It is proving to be an effective, comprehensive vehicle for a regionalized, coordinated approach to tackling homelessness.

In addition, the DMH Western Massachusetts Area Office has been collaborating with the Hampden County Sheriff's Department and the City of Springfield to house and serve ex-offenders with serious mental illness being released from the House of Correction, who would otherwise return to or become homeless. The Mental Health Association, a major DMH services and housing provider, is also a partner. Housing is being accessed through the City of Springfield. The program goals are to prevent

homelessness and re-incarceration. The program hopes to expand to other counties if resources can be identified.

These pilots and activities embrace the New Freedom Commission goals that Disparities in Mental Health Services are Eliminated and Excellent Mental Health Care is Delivered and Research is Accelerated.

Homelessness and Employment

Employment services provided by DMH have evolved over time to reflect the growing emphasis on “mainstreaming” clients by assisting them to find and retain jobs in competitive, independent employment settings. DMH is participating in several successful program models which are providing employment services to homeless individuals with mental illness. The services provided by these programs are in recognition of the New Freedom Commission goals that Disparities in Mental Health Services are Eliminated and Excellent Mental Health Care is Delivered.

Employment Connections, an interagency project between DMH and the Department of Employment and Training (DET), began serving Metro Boston Area homeless clients in FY 1996. This unique program, funded by DMH, is housed at Job-Net in Boston, a One-Stop Career Center funded in part by the U.S. Department of Labor. As Job-Net serves a diverse group of disabled as well as non-disabled job seeking individuals, DMH clients receive an integrated job search and placement experience. The Employment Connections program provides job services to clients and assists them in securing full or part-time jobs.

The Homework Project, funded by grants from the U.S. Departments of Housing and Urban Development, Department of Labor and the Veterans Administration began operations in FY 2004. The goal of this program has been to place, house and employ 41 chronically homeless individuals, including 20 with mental illness. Project partners include the Boston Private Industry Council (labor), the Boston Department of Neighborhood Development (housing) and DMH (supported housing services and client referrals).

Homeless Employment Services Partnership (HESP) was launched by DMH and the Department of Transitional Assistance (DTA) in the spring of 2006. Employment services provided by two projects are funded by the U.S. Department of Agriculture Food Stamp Program made available to DMH through DTA. HESP assists homeless individuals with a mental illness who are receiving food stamps with supported employment services from DMH providers. Each project is projected to serve 50 participants each year.

Preventing Homelessness among Transition Age Youth - Child

Historically, DMH housing has focused on the adult population and has not had age appropriate housing options for older adolescents and young adults. The Youth Development Committee of the Planning Council and the local Youth Advisory Councils have advocated for increasing the number of housing options available to transition age youth. In support of the New Freedom Commission goal that Disparities in Mental Health Services are Eliminated, Area Housing Coordinators have been linked with the point people for transition age youth and the Young Adult Advisory Council to increase the number of housing choices available to transition age youth. DMH is engaged in

collaborative planning with the Department of Children and Families to assist them in planning for youth in their care and custody who have mental health problems and will be aging out of DCF custody.

Improving Access to Services for Older Adults - Adult

As reported in the Planning Council Charge, Role and Activities section, the Elder Coalition is a Planning Council sub-committee made up of senior leaders from DMH, the Executive Office of Elder Affairs (EOEA), the Department of Public Health (DPH), representatives from local provider coalitions across the state, and statewide aging and mental health trade associations. In addressing the New Freedom Commission goals that Disparities in Mental Health Services are Eliminated and Excellent Mental Health Care is Delivered, the Coalition has engaged in projects which include: publishing a guide of a range of community-based elder services ; improving access to emergency services through provider trainings; and understanding the strengths and weaknesses of the nursing home screening system in an effort to divert admissions for those with a history of mental health.

The group is in the process of setting its priorities for the next year and revisiting its membership and governance. Some of the priority areas include:

- Conducting a statewide needs assessment of mental health and substance abuse services for older adults;
- Addressing stigma;
- Improving state and federal interagency coordination;
- Integrating medical and behavioral health/substance abuse services in systems of care for elders; and
- Supporting the creation of the Older Adults Suicide Prevention Plan by the Department of Public Health

DMH is also collaborating with EOEA and the University of Massachusetts Medical School in the implementation of the Geriatric Psychiatry Consultation Project in June 2008. This pilot will operate in Central Massachusetts and provide consultation services to primary care clinicians for elders who present with significant psychiatric issues. The major goal is to assist primary care clinicians in developing treatment plans informed by clinical best practices. This pilot is modeled after a very successful pediatric project in Massachusetts.

Involvement of pediatricians in early identification and treatment of mental health problems - Child

Pediatricians are often the first resource that parents turn to for assistance, and they treat most of the less severe mental health problems. DMH supports several initiatives directly related to promoting the New Freedom Commission goals of making Americans Understand that Mental Health is Essential to Overall Health and Early Mental Health Screening, Assessment and Referral to Services are Common Practice. The Massachusetts Child Psychiatry Access Project (MCPAP), administered by MBHP with DMH funding, makes psychiatric consultation available to pediatric practices to improve primary care as it relates to mental health, to address concerns about psychiatric medication, and to assess the need for and assist in referrals to specialized mental health treatment. Seventy-eight percent of the pediatric practices in the state are enrolled. This

service is offered free of charge to the pediatrician and thus is available for all children regardless of their insurance status. In the last year MCPAP built on that concept and piloted a consultation to schools. Additional funding to serve schools is expected to be approved for this fiscal year.

The availability of screening for mental health problems has expanded and is expected to increase even more in the next few years. Screening was a major focus of the Mental Health Commission for Children which issued its report in 2005. As noted in Health and Mental Health in Available Services, the Massachusetts Chapter of the American Academy of Pediatrics succeeded in securing agreements from the state's major HMOs to reimburse for mental health screening. Screening for Medicaid members began December 31, 2007 as screening was part of the Rosie D remedy.

Parents with Mental Illness and their Children - Child

Attending to the needs of parents with mental illness is another example of how DMH recognizes the New Freedom Commission goals that Mental Health Care is Consumer and Family Driven and that Excellent Mental Health Care is Delivered and Research is Accelerated. Coming both through PAL, representing the parents of children with mental health problems, and consumers in the adult clubhouses, adults with varying degrees of mental health problems identified their need for assistance in parenting to address their own needs and to benefit their children who often had mental health problems. Most recently, the transition age youth have themselves identified the need for targeted assistance during pregnancy and in parenting and a resource guide targeted to this age group is being developed.

The Department of Children and Families and DMH have developed regionally based collaborative training programs and protocols to facilitate service plans that will provide parents with needed services and support. The new adult DMH eligibility form asks about parenting status on the face sheet, recognizing that all adults with mental illness, regardless of DCF involvement, may need support in their parenting role. DMH plans to specifically address parenting support in its future service procurements. Three inter-related parenting projects sponsored by Employment Options (a clubhouse) may provide evidence-based guidance. 1) The Family Options project for custodial parents provides care management for the entire family unit, both parent and child, and offers a resource center for families involved in the program. A partnership between a UMass Medical School Research Team and Employment Options, the project's grant-based funding supports research on its process and outcomes. An evidence-based documentary and discussion guide have been developed and a practice manual is in the planning stage. 2) The Clubhouse Family Project, for non-custodial parents, offers services such as visitation support, parenting education, home visits, service coordination, liaison with DCF, parent support groups, and advocacy that help parents gain the hands-on learning experience they need to acquire to use their parenting skills. 3) The Clubhouse Family Legal Support Project, now funded by DMH, the Massachusetts Bar Foundation and the Boston Bar Foundation, provides legal support to parents with mental illness to assist them in gaining visitation orders, increasing their visitation time with their children as well as maintaining and regaining custody of their children. DMH and UMass staff, as well as advocates from PAL, the Mental Health Legal Advisors Committee, and local service providers are active participants on an advisory committee exploring ways of

broadening accessibility to the expertise developed by these projects and promoting statewide replication. Employment Options, working in partnership with the Heath Foundation of Central Massachusetts, has also created the Consulting and Training Project that offers an array of innovative trainings for parents, providers, and administrators, to support increased awareness and understanding of the strengths and needs of parents with mental illness, and the development of more family-centered, strengths-based services.

Children's Behavioral Health Initiative - Child

Many opportunities for system integration are being created as the state responds to the Rosie D lawsuit. Implementation of the remedy for that lawsuit is now conceived of as the first phase of a broad Children's Behavioral Health Initiative. Four New Freedom Commission goals are being addressed: Mental Health Care is Consumer and Family Driven; Disparities in Mental Health Services are Eliminated; Early Mental Health Screening, Assessment and Referral to Services are Common Practice, and Excellent Mental Health Care is Delivered and Research is Accelerated. Although the lawsuit was about MassHealth services and did not formally involve any other agency, DMH has been involved with Mass Health, DYS, DCF and DPH in all aspects of planning for implementation of the order, including activities related to screening, assessment, intensive care coordination, services, and the information interface. The remedy calls for every Mass Health member under age 21 who is eligible for Early Periodic Screening, Diagnosis and Treatment (EPSDT) services to receive periodic screenings through a medical practice, to be offered assessment by a mental health clinician if a certain screening threshold is met, to receive a comprehensive assessment, and to be referred to such services as medically necessary, including intensive care coordination provided in accord with Wraparound principles. The judge's order requires state agencies to participate in the intensive care coordination team which is to lead to a single plan of care for each child. The order also calls for the state to establish Community Service Agencies (CSAs) in sites across the state to provide intensive care coordination. Although the state agencies now have most of their geographic service boundaries in common, the need to create geographically defined CSAs affords an opportunity for each agency to align its boundaries with those of the CSA. The state agencies are meeting regularly in an interagency workgroup to review their current services and service delivery systems to align their services with those being provided with the remedy and to implement strategies to reduce fragmentation and duplication, and prevent discontinuities of care if a child loses Mass Health coverage.

Providing Psychiatric Consultation to the Department of Children and Families - Child

Although children involved with DCF have access to mental health treatment, usually through MassHealth, DCF as an agency has not had its own psychiatrists to increase the knowledge base of its staff and to consult to staff on difficult cases. Addressing the New Freedom Commission goal of Excellent Mental Health Care is Delivered and Research is Accelerated, DMH has allocated some of the time of its child psychiatrists to work with the local offices of DCF, and is working with DCF to identify strategies to maximize the benefit of that consultation.

